

**PETTY LARCENY  
DEFERRED JUDGMENT INFORMATION SHEET**

If you have been charged with the crime of petty larceny, (contrary to Section 5.42.010 of the Code of the City of Wichita), you may be eligible for consideration for the City of Wichita Petty Larceny Deferred Judgment Program if:

You have never been convicted of such a crime, or a similar crime in this or any jurisdiction.

You have never participated in a Diversion or Deferred Judgment Program for a similar offense.

You **must** apply for Petty Larceny Deferred Judgment **within 30 days** from your initial appearance for such a crime, **and** pay the \$25.00 non-refundable application fee.

If your application for Deferred Judgment is accepted, you must enter a plea of guilty to the charge(s) against you. The City will then ask the Court to defer judgment and sentence on that plea for a period on one year. In return, you must do the following:

1. PAY ALL COSTS, FEES AND FINES:

Fine .....	\$75.00
City Deferred Judgment Fee.....	\$95.00
Application Fee.....	\$25.00
<u>Court costs</u> .....	<u>\$70.00</u>
TOTAL .....	\$265.00

You will be responsible for all additional court costs  
incurred during the course of your case.

**A MINIMUM PAYMENT OF \$125.00 MUST BE PAID ON YOUR DEFERRED  
JUDGMENT COURT DATE, WITH THE REMAINING FINES, FEES, AND COURT  
COSTS DUE WITHIN 60 DAYS**

2. Agree to waive your constitutional rights to a formal arraignment and a jury trial on the charges against you.
3. Attend and successfully complete the Correctional Counseling of Kansas Shoplifting Program.
4. Make full restitution to the victim in your case.
5. Violate no laws of any City, State, or of the United States.
6. Any other conditions deemed appropriate.

Application forms for Petty Larceny Deferred Judgment are available in the Municipal Court Clerk's office – 2nd floor, City Hall, 455 North Main, - and must be filed with the same office.

At the time you file your application, you will be given a date to appear in court. Failure to appear at this court date will result in the denial of your application for Petty Larceny Deferred Judgment.

In considering whether the defendant should be placed in the Petty Larceny Deferred Judgment Program, the City Attorney shall consider the following factors:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the defendant;
3. Whether the defendant is a first-time offender and if the defendant has previously participated in diversion or deferred judgment program in any jurisdiction;
4. Whether there is a probability that the defendant will cooperate with and benefit from the deferred judgment program.
5. Whether the available deferred judgment program is appropriate to the needs of the defendant;
6. The impact of the deferred judgment of the defendant upon the community;
7. Recommendations, if any, of the involved law enforcement agency;
8. Recommendations, if any, of the victim;
9. Provisions for restitution;
10. Any mitigating circumstances;
11. Recommendations of the Deferred Judgment Coordinator;
12. Prior psychological, psychiatric and chemical treatments or counseling programs;
13. Criminal history; and
14. The interest of justice.

If you successfully complete the Petty Larceny Deferred Judgment Program, after one year you may make a motion to the Municipal Court to withdraw your plea of guilty to the charges against you. At that time, the City Attorney will dismiss the charges with prejudice. If you fail to complete the requirements of the Petty Larceny Deferred Judgment agreement, the City Attorney will request a hearing at which time he or she will ask the Court to remove you from the program. If after hearing the evidence the Court does remove you from the program, the Court will then proceed to impose judgment and sentence against you based upon your prior plea of guilty.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF  
THE APPLICATION FEE AT THE TIME OF FILING.**

CASE NO. \_\_\_\_\_ COURT DATE \_\_\_\_\_  
DOCKET NO. \_\_\_\_\_ DATE ASSIGNED \_\_\_\_\_

**APPLICATION FOR PETTY LARCENY DEFERRED JUDGMENT PROGRAM**

**ALL ANSWERS MUST BE COMPLETE   TYPE OR PRINT CLEARLY**

1. FULL NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

LENGTH OF RESIDENCE AT PRESENT ADDRESS:

\_\_\_\_\_

2. AGE: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_ 4. SEX: \_\_\_\_\_

5. RACE: \_\_\_\_\_ 6. PLACE OF BIRTH: \_\_\_\_\_

7. SOCIAL SECURITY NUMBER: \_\_\_\_\_

8. DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

9. MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S AGE: \_\_\_\_\_ SPOUSE'S EMPLOYMENT: \_\_\_\_\_

10. NUMBER OF DEPENDENTS: \_\_\_\_\_

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
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11. OTHER HOUSEHOLD MEMBERS LIVING WITH YOU, NOT YOUR SPOUSE OR LISTED AS A

DEPENDENT. Their name, age, employment: \_\_\_\_\_

\_\_\_\_\_

12. EDUCATION:

SCHOOL                      LOCATION GRADE OR DEGREE

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13. VOCATIONAL TRAINING: \_\_\_\_ YES \_\_\_\_ NO TYPE \_\_\_\_\_

14. MILITARY SERVICE: \_\_\_\_ YES \_\_\_\_ NO BRANCH \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ DATE OF  
DISCHARGE \_\_\_\_\_

15. DEFENSE ATTORNEY:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

16. PRESENT SOURCE OF INCOME (PLEASE GIVE AMOUNTS FROM EACH SOURCE):

DEFENDANT'S EMPLOYMENT:                      \$ \_\_\_\_\_ PER MONTH

SPOUSE'S EMPLOYMENT:                      \$ \_\_\_\_\_ PER MONTH

UNEMPLOYMENT COMPENSATION:                      \$ \_\_\_\_\_ PER MONTH

PUBLIC ASSISTANCE:                      \$ \_\_\_\_\_ PER MONTH

OTHER: SUCH AS PARENTS,  
RELATIVES, FRIENDS ETC.                      \$ \_\_\_\_\_ PER MONTH

17. PRESENT EMPLOYMENT:

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ OCCUPATION/TYPE OF WORK: \_\_\_\_\_

SALARY: \_\_\_\_\_

18. EMPLOYMENT HISTORY: (Beginning with last previous employer)\*

\*LIST EMPLOYMENT FOR LAST TWO YEARS - IF EXTRA SPACE NEEDED, ATTACH A BLANK SHEET OF PAPER.

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ OCCUPATION/TYPE OF WORK:

\_\_\_\_\_

REASON LEFT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ OCCUPATION/TYPE OF WORK:

\_\_\_\_\_

REASON LEFT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ OCCUPATION/TYPE OF WORK:

\_\_\_\_\_

REASON LEFT: \_\_\_\_\_

19. PRIOR OFFENSE RECORD: \_\_\_\_\_ NONE \_\_\_\_\_ JUVENILE \_\_\_\_\_ ADULT  
CRIMINAL OFFENSE CONVICTIONS, DIVERSIONS, AND/OR DEFERRED  
JUDGMENTS:

\_\_\_\_\_

\_\_\_\_\_

20. DATE OF ARREST FOR PRESENT CHARGE (S): \_\_\_\_\_

21. Are you now, or have you ever participated in any other diversion or deferred judgment program? \_\_\_\_\_ If yes, please state where, the effective date of the program and the charge(s) diverted. \_\_\_\_\_

22. Do you have any other charges pending in this city or another city, state, or federal jurisdiction? \_\_\_\_\_ If yes, please state where and what charge or charges. \_\_\_\_\_

23. Have you ever participated in any kind of psychological, psychiatric or substance abuse counseling or treatment? \_\_\_\_\_ If yes, state where and date of participation. \_\_\_\_\_

24. NEAREST CONTACT:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION TO DEFENDANT: \_\_\_\_\_

25. PERSONAL REFERENCES:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION TO DEFENDANT: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION TO DEFENDANT: \_\_\_\_\_

26. STATE IN YOUR OWN WORDS WHY YOU WERE CHARGED WITH THIS OFFENSE:

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I hereby apply for status as a participant in the deferred judgment program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney.

I authorize the Deferred Judgment Officer to conduct an investigation to determine my suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the Deferred Judgment Officer in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

_____ DATE	_____ APPLICANT
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I authorize the City Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney's Office with any information they request.

_____ DATE	_____ APPLICANT
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